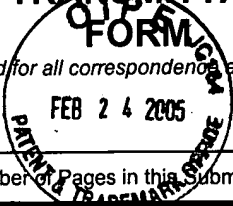


<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing) 	Application Number	10/657,873	
	Filing Date	09/09/2003	
	First Named Inventor	Antonio Mecozzi, et al.	
	Group Art Unit	2633	
	Examiner Name	Li, Shi K	
Total Number of Pages in this Submission	12	Attorney Docket Number	1999-0532CON

## Enclosures (check all that apply)

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits / Declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Assignment & Recordation Cover Sheet<br><input type="checkbox"/> Drawing(s) & Letter to Official Draftsman<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition to the Commissioner<br><input type="checkbox"/> Petition to Convert a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input type="checkbox"/> CD, Number of CDs<br><input type="checkbox"/> Additional enclosure(s) (please identify below)<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| Remarks   |   |  |

## CORRESPONDENCE ADDRESS


☒ Customer Number or Bar Code Label

Customer Number - 26652

or ☐ Correspondence address below


NAME	Samuel H. Dworesky			
ADDRESS	AT&T CORP. Room 2A-207 One AT&T Way			
CITY	Bedminster	STATE	New Jersey	ZIP CODE 07921
COUNTRY	United States of America	FAX	908-532-1281	

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Gary H. Monka	Reg. #	35290
TELEPHONE	201-224-7957		
SIGNATURE		DATE	2/22/05

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 2/22/05

Type or Printed Name	Gary H. Monka		
Signature		Date	2/24/05

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**FEE TRANSMITTAL**

Patent Fees are subject to annual revision.

**Complete If Known**

Application Number 10/657,873  
 Filing Date September 9, 2003  
 First Named Inventor Antonio Mecozzi, et al.  
 Examiner Name Li, Shi K  
 Group/Art Unit 2633  
 Attorney Docket No. 1999-0532CON

TOTAL AMOUNT  
OF PAYMENT \$720

**METHOD OF PAYMENT (check one)**

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 01-2745  
 Deposit Account Name AT&T CORP.

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 ☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing Date of the Notice of Allowance

**FEE CALCULATION****1. FILING FEE**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
1001	790	Utility(37CFR 1.53(b)) / CPA(37CFR 1.53(d)) Filing Fee	
1002	200	Design Filing Fee	
1004	300	Reissue Filing Fee	
1005	200	Provisional Filing Fee	

**SUBTOTAL (1)**

**2. CLAIMS** ☐ Filing Under 37CFR 1.53 (b)  
☐ CPA Under 37CFR 1.53 (d)  
☒ Amendment

Extra Claims		Fee from below	Fee Paid
Total 9	- 23 =	0	
Ind. 7	- 4 =	3	600
Multiple Dependent Claims		300	

Large Fee Code	Entity Fee(\$)	Fee Description
1202	50	Claims In excess of 20
1201	200	Independent Claims In excess of 3
1203	360	Multiple Dependent Claims
1204	200	** Reissue independent claims in excess of 3
1205	50	** Reissue claims in excess of 20

\*\* or number previously paid, if greater; for Reissues, see above

**SUBTOTAL (2) 600****FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
1051	130	Surcharge - late filing fee or oath	
1052	50	Surcharge - late provisional filing fee or cover sheet	
1053	130	Non-English specification	
1812	2520	For filing a request for reexamination	
1804*	920	Requesting publication of SIR prior to Examiner action	
1805*	1840	Requesting publication of SIR after Examiner action	
1251	120	Extension for response within first month	120
1252	450	Extension for response within second month	
1253	1020	Extension for response within third month	
1254	1590	Extension for response within fourth month	
1255	2160	Extension for response within fifth month	
1401	500	Notice of Appeal	
1402	500	Filing a brief in support of an appeal	
1403	1000	Request for oral hearing	
1504	300	Publication fee for early, voluntary, or normal publication	
1452	500	Petition to revive - unavoidable	
1453	1500	Petition to revive - unintentional	
1501	1400	Utility issue fee (or reissue)	
1502	800	Design issue fee	
1460	130	Petitions to the Commissioner	
1807	50	Processing fee for provisional applications	
1808	180	Submission of Information Disclosure Statement	
8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	Request for Continued Examination (RCE)	
1802	900	Request for expedited exam of a design application	
Other fee (specify): Utility Search Fee			
Utility Examination Fee			

**SUBTOTAL (3) 120****SUBMITTED BY**

Typed or Printed Name John E. Etchells

Complete (if applicable)

Reg. Number

Signature

Date

Deposit Account User ID

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450